Family and/or Donor Reference Collection Form (Each donor needs to fill in a separate form and submit a separate sample for each missing person.)

| Missing Individual Information | | | | | | | | |
|--|--|------------------------|----------------|----------------------------|--|--|--|--|
| | ıffix First N | lame | Middle Name | Sex (circle) | | | | |
| (5 | 1., 51.) | | | M F | | | | |
| The missing person has been known by the follow | ing additional | Date of Birth | | Social Security Number or | | | | |
| names (include maiden name) | ing additional | | _ | citizenship (if not a U.S. | | | | |
| | Year Mont | h Day | citizen) | | | | | |
| Donor Information | | | | | | | | |
| Last Name | Suffix | First Name | | Middle Name | | | | |
| | (Jr., Sr.) | | | | | | | |
| | | | | | | | | |
| Telephone numbers (in order of preference) | | | | | | | | |
| 1st :() | 2nd () | | 3rd :(|) | | | | |
| Home Street Address | | | | | | | | |
| | | | | | | | | |
| City | State | ZIP Co | untry | | | | | |
| | | | • | | | | | |
| Date of Birth | Sex (circle) | E-mail address (please | print) | | | | | |
| Year Month Day | M F | | | | | | | |
| I am providing a family reference sampl | o as Lam the | miccina individual | ' c | | | | | |
| Taili providing a failing reference sample | e, as i aili tiit | tilissilig ilialviauai | (e.g., mother, | , father, sister, son) | | | | |
| | | | | | | | | |
| Please circle | your relatio | nship to the missing | g individual: | | | | | |
| Maternal Paternal Paternal | | | | | | | | |
| | Maternal Maternal Paternal Paternal Paternal Grandmother Grandfather Grandmother Grandfather | | | | | | | |
| | | | | | | | | |
| Stepfather Biological | | | Biological | Stepmother | | | | |
| . Mother | | | Father | • | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Half Sister Half Brother | Sister | Brother | Half Siste | er Half Brother | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Spouse #1 | | Aissing \ | Spouse # | #2 | | | | |
| Name: | ☐ In | dividual / | Name: | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Daughter | Son | Daughter | Son | 1 | | | | |
| Budgiitoi | | Daagiitoi | | · | | | | |
| Others | | | | | | | | |
| Other: (please specify) (e.g., grandchild, friend, roommate) | | | | | | | | |
| | | | | | | | | |

| Name of Missing Individual: | | |
|-----------------------------|-------------------------------|--|
| | (Last, First, Middle, Suffix) | |
| | | |

Please note:

- If personal items of the missing individual are being submitted for analysis, a biological reference sample from the spouse, domestic partner, or full-time roommate is useful even if no biological relationship exists. Please refer to the **Personal Items Submission Form** when submitting personal items.
- The biological parents and biological children are the best comparison samples for identification through kinship. If these samples are unavailable, samples from other biological relatives may be submitted.
- If a child provides a sample for parental identification, the child's other biological parent should also provide a sample.
- For identification through kinship analysis:
 - o Full siblings are preferable over half siblings.
 - o Grandparents should provide a sample only if the mother or father cannot provide a sample.
 - o Grandchildren should provide a sample only if their parent, who is related to the missing individual (as a son or daughter), is unavailable.
- The laboratory will assess the samples provided. The most appropriate sample(s) will be used to identify the missing individual. The family may be contacted if additional samples are needed.

| I am also a relative of the following other missing individuals: | | | | | | |
|---|-----------------|-----------------------------------|----------|--|--|--|
| I,(Please print or type name of donor) | hereby gı | rant permission to extract | and type | | | |
| my DNA for the purpose of assisting in | the identificat | tion of a missing person. | | | | |
| (Signature of donor or guardian if donor is a minor) | | (Date) | | | | |
| The sample was collected on(Date | at __ | (Collection location) | | | | |
| , in the second | n address) | | | | | |
| (Please print or type name of donor) my DNA for the purpose of assisting in Signature of donor or guardian if donor is a management. The sample was collected on | the identificat | tion of a missing person. (Date) | | | | |